

COMMUNITY CONNECTION INC

UNIT 4/56 Charles Street, AITKENVALE QLD 4814

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TIME SHEET

Workers Name:.....

Workers Signature:

F/Night Ending

Family

Family Signature:

Comments

| Date | Morning (am) | | Afternoon (pm) | | Sleep over | | TOTAL | Training | Expenses |
|--------------|--------------|--------|----------------|--------|------------|--------|-------|----------|----------|
| | Start | Finish | Start | Finish | Start | Finish | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Tue | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| TOTAL | | | | | | | | | |

NO CHANGES MAY BE MADE TO THIS
TIMESHEET UNLESS INITIALLED BY BOTH THE
SUPPORT WORKER AND FAMILY/INDIVIDUAL

A.L.E.R.T.

ASSESS EVERY SITUATION FOR RISK BEFORE AND DURING AN ACTIVITY

LOOK AT THE WHOLE ENVIRONMENT INCLUDING THE PERSON YOU ARE SUPPORTING BEFORE MAKING A DECISION TO PROCEED

EDUCATE YOURSELF ON THE ISSUES RELATED TO THE PERSON SUPPORTED'S DISABILITY AND ADJUST YOUR SUPPORT TO MATCH

RECOGNISE YOUR OWN CAPABILITIES AND DO NOT TAKE ON AN ACTIVITY IF YOU ARE NOT CONFIDENT

TAKE THE TIME TO REVIEW ALL SITUATIONS - THOSE THAT GO WELL AND THOSE THAT DID NOT. LEARN FROM BOTH

OFFICE USE ONLY

Training -

Public Hol -

NOR -

15% -

W/E -

S/O -

Mlg -

Exp -

CAR ALLOWANCE CLAIM

Name of Worker: _____ F/night Ending: _____ Name of Family/Individual: _____

Vehicle Make & Model: _____ Registration: _____ Engine capacity (cc): _____

With regard to the above vehicle (please circle response)

I have a current driver's licence yes no The vehicle is insured yes no The vehicle is roadworthy yes no

| Date | Odometer | | Kilometres Travelled | Purpose of trip | Signature of claimant |
|------------------|----------|--------|-------------------------|-----------------|-----------------------|
| | Start | Finish | | | |
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| TOTAL KMS | | | | | |

Family/Individual Signature: _____